

QUARTERLY REPORT OF A LICENSED CHARITABLE GAMING FACILITY

Quarter: 1 2 3 4 (circle one)
REPORT DUE 30 DAYS AFTER CLOSE OF QUARTER

Calendar Year: _____

SECTION I

FACILITY NAME: _____

LICENSE NO. **FAC-**_____

LICENSEE NAME: _____

MAILING ADDRESS (Licensee): _____

LOCATION OF FACILITY: *Street Address:* _____

City: _____

County: _____

Ownership Structure: (check one)

☐ Corporation ☐ Partnership ☐ Sole Proprietorship

☐ Other: (Explain) _____

SIGNATURE AND VERIFICATION

REPORT MUST INCLUDE BOTH SIGNATURES

Under penalty of perjury, I declare that I have examined this report, including any accompanying schedules and attachments, and to the best of my knowledge and belief it is a true, correct, and complete report. Declaration of preparer (other than organization official) is based on all available information.

CHIEF EXECUTIVE OFFICER	TITLE	DATE
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CHIEF FINANCIAL OFFICER	TITLE	DATE
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PREPARER SIGNATURE (if not CEO or CFO):

NAME	TITLE/COMPANY	DATE
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VISIT OUR WEBSITE AT

<http://dgc.state.ky.us/>

(attach additional pages, if needed)

(attach additional pages, if needed)

SECTION II

[illegible]

TOTAL NUMBER OF FACILITY EMPLOYEES

LICENSED WEEKLY BINGO SESSIONS

(attach additional pages, if needed)

License No.	Weekly Sessions	Day of Week	Beginning Time	Rent Per Session	TOTAL Sessions Held During Qtr.	TOTAL Rent For Session During Qtr.
ORG-0000	Session 1	Fri	6:00 PM	\$500	13	\$6,500
(Example)	Session 2	Wed	7:00 PM	\$300	13	\$3,900
ORG-	Session 1					
	Session 2					
ORG-	Session 1					
	Session 2					
ORG-	Session 1					
	Session 2					
ORG-	Session 1					
	Session 2					
ORG-	Session 1					
	Session 2					
ORG-	Session 1					
	Session 2					
ORG-	Session 1					
	Session 2					
ORG-	Session 1					
	Session 2					
ORG-	Session 1					
	Session 2					

SECTION IV

LICENSED SPECIAL EVENTS

(attach additional pages, if needed)

Event	License No.	Date/Time Event Began	Date/Time Event Ended	Services <i>Included</i> In Lease/Rent	YES NO	Services Provided By Facility <i>Not Included</i> In Rent	YES NO	Total Rent Paid For Event
Event #0	ORG-	Feb. 3 rd // 6:00 PM	Feb. 5 th // 9:00 PM	Gaming Space	Y	Concessions	Y	\$800
(Example)				Utilities	Y	Alcoholic Beverages	N	
				Insurance	Y	Check Cashing Service	Y	
				Parking	Y	<i>Other: Please list</i>		
				Tables/Chairs	N			
				Storage	Y			
				Janitorial Services	Y			
				<i>Other: Please List</i>				
Event #1	ORG-			Gaming Space		Concessions		
				Utilities		Alcoholic Beverages		
				Insurance		Check Cashing Service		
				Parking		<i>Other: Please list</i>		
				Tables/Chairs				
				Storage				
				Janitorial Services				
				<i>Other: Please list</i>				
Event #2	ORG-			Gaming Space		Concessions		
				Utilities		Alcoholic Beverages		
				Insurance		Check Cashing Service		
				Parking		<i>Other: Please list</i>		
				Tables/Chairs				
				Storage				
				Janitorial Services				
				<i>Other: Please list</i>				

